



BUREAU OF ALCOHOL &  
DRUG ABUSE SERVICES

## SPECIAL POINTS OF INTEREST:

Consumers have a choice to meet their needs.

Engaging the faith community is a part of the ATR

In 2003, 6.2% of high school seniors reported using meth.

Treatment for parents is prevention for children.

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# Tennessee ACCESS TO RECOVERY

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## Drug Czar Presents Award

Methamphetamine is a “powerfully addictive stimulant associated with serious health conditions including memory loss, aggression, violence, psychotic behavior and potential heart and neurological damage”, as defined by the National Institute of Drug Abuse (NIDA). Initially prominent in the Western United States, the spread of

methamphetamine has migrated to other areas of the country, urban and rural, including Tennessee. The Drug Enforcement Administration reports that 75 percent of all methamphetamine lab seizures in the Southeast are in Tennessee. Clandestine lab seizures have dramatically increased from 135 in 1999 to 499 in 2003. The cost of cleaning up one of the labs is difficult to estimate, since the labs have become more portable as they are discovered in car trunks and motel rooms. In addition, nearly 700 children were placed in state custody from January 2002 to July 2003 as a result of child abuse and neglect investigations involving methamphetamine. Research data reveals that stimulant abuse in Tennessee’s publicly funded clients tripled from 1998 to 2002.

There is a saying in the substance abuse field that no one tries meth just once. Methamphetamine is highly addictive because the mechanism of action is to reward the pleasure centers of the brain very rapidly. This powerful, volatile, easily manufactured drug has significant impact not only on those who use and manufacture the drug, but also on families, children, neighborhoods, communities and the

agencies that provide treatment, prevention, protection, interdiction, and support services.

The Bureau of Alcohol and Drug Abuse Services recognizes the serious devastation of methamphetamine and is committed to addressing this problem. In addition to



**Access to Recovery grant awarded by Drug Czar in Memphis**  
Ken Givens, Commissioner of Agriculture and Chairman of Governor Bredeesen’s Methamphetamine Task Force, John Walters, Director of the White House Office of National Drug Control Policy, Stephanie W. Perry, MD, Assistant Commissioner, Bureau of Alcohol and Drug Abuse Services, TDH and Kenneth S. Robinson, M.D. Commissioner, Tennessee Department of Health

ongoing training and support to our statewide treatment and prevention programs with innovative approaches on methamphetamine, we have participated in the Governor’s Methamphetamine Task Force to make recommendations on developing an effective strategy to address this epidemic in Tennessee. We have also been awarded federal funding for the **Access to Recovery** program to expand treatment capacity, provide client choice and increase community-based recovery providers. Our grant will allow us to deliver substance abuse services to a greater number of individuals and to address the growing problem of methamphetamine.

## Workgroup Initiates Plan

The Tennessee Access to Recovery Workgroup met on November 9, 2004 to begin planning for implementation of this initiative across Tennessee. Subsequent to this first meeting, the workgroup also met on November 16 and 30 to continue planning. Members of the workgroup are:

- David "Boomer" Brown, President, Tennessee Association of Alcohol and Drug Abuse Services
- Noella Walden-Gaiter, Faith Based Initiative Program Director, The Ennix-Jones Center of the First Baptist Church
- Debbie Hillin, Director of Housing/Clinical Grants, Buffalo Valley, Inc.
- Satish Kedia, Director, Institute for Substance Abuse Treatment Evaluation, University of Memphis
- Mary McKinney, Executive Director, A&D Council of Middle Tennessee, Inc.
- Kelly Lang-Rameriz, Assistant Executive Director, Tennessee Association of Mental Health Organizations

- Kara Sanders, Program Manager, Office of Criminal Justice Programs, Tennessee Department of Finance and Administration
- Jerrod Wright, Health Educator, Putnam County Health Department

Key issues addressed include:

- Determining the treatment and recovery service mix and their rates
- Developing client eligibility criteria and selecting a screening tool
- Developing provider eligibility criteria
- Developing service definitions

The Bureau wishes to thank the workgroup members for their unselfish dedication to this task. Additionally, thank you to the Tennessee Association of Alcohol and Drug Abuse Services for the use of their conference room and the support of their staff.

## Methamphetamine Abuse in Tennessee

Research conducted by the Institute for Substance Abuse Treatment Evaluation (I-SATE), in collaboration with the Bureau of Alcohol and Drug Abuse Services, reveals that stimulant abuse in Tennessee, as reported among publicly-funded clients, tripled across a five-year period, from 2.56 % in 1998 to 6.07 % in 2002, primarily due to the expansion of methamphetamine abuse in Tennessee. The problem has become so serious that in April 2004, Governor Phil Bredesen established a Task Force on Methamphetamine Abuse, a 20-member panel charged with developing a comprehensive strategy for combating the alarming rise in abuse of this substance and eradicating its manufacturing and trafficking network in Tennessee. The

Task Force will also address social consequences of the methamphetamine epidemic, especially on children. By June 2001, 738 children had been found at lab sites, 271 of whom were exposed to chemicals and 8 injured. Between January 2002 and July 2003, more than 700 children were placed in protective custody as a result of methamphetamine lab seizures. The Tennessee Department of Children's Services expects that number to double this year. In addition to their exposure to a drug-abusing environment, these children were in physical danger. Explosion, toxic fumes, poisonous gas, and contaminated groundwater are just a few of the serious health hazards posed by these clandestine operations.



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# Developing the Provider Network

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The primary goals of the Tennessee Access to Recovery program are to expand access to services through screening sites at drug courts and Department of Health clinics, to expand the array of treatment and recovery providers including private-for-profit, not-for-profit, government entities, secular, and faith-based organizations, and to increase the number of state authorized service providers. It is the vision of the ATR program, that whatever our affiliation, we must all partner together to meet the demand for services required to support abstinence and recovery from alcohol and drug abuse and addiction in our communities.

Soon there will be a mass mailing to all state-licensed alcohol and drug treatment facilities and to recovery service providers. This mailing

will include information on: 1) eligibility criteria to become a state authorized ATR treatment and/or recovery provider, 2) the ATR service mix and rates, and 3) the process for becoming an authorized provider. The mailing will be followed up by statewide meetings to meet with providers and answer their questions. Following authorization, all providers will receive training and technical assistance in being an ATR service provider.

Look for more information coming to you soon regarding being an ATR authorized provider of alcohol and drug treatment and recovery services. See the information below concerning how to get on the mailing list to assure your agency does not miss this important information.



## GET ON THE ATR MAILING LIST!

To make sure your agency does not miss important ATR information, please send a letter on your official letterhead and include your contact information about your agency and services.

Send the Letter to:  
ATR Statewide Coordinator  
Bureau of Alcohol and Drug Abuse Services  
312 Eighth Avenue North, 26th Floor  
Nashville, TN 37247-4401

For more information about Tennessee Access to Recovery go to:

[www2.state.tn.us/health/A&D/links.htm](http://www2.state.tn.us/health/A&D/links.htm)

Click on the "links" at the bottom of the web page.

## John Bradshaw Crests The Summit

Now in its 28th year, the Summit, Tennessee Advanced School On Addiction (TASA) makes available an expert faculty to address cutting edges issues and techniques in the field of addictions. From the Betty Ford Institute in Rancho Mirage, California, (Jerry Moe) to the Institute of Professional Practice, Inc., in Montpelier, Vermont (Jane Middleton-Moz), from the University of Texas in Austin, Texas (Carlton Erikson, Ph.D.) to Stony Brook University in Stony Brook, New York (Alfred "Coach" Powell), we have assembled the freshest faces on the horizon of alcohol and other drug prevention and treatment technology. Also, contemporary treatment modalities on gambling addiction, methamphetamine addiction and faith based competencies highlight The Summit.

The featured speaker and training for Wednesday, June 1, is John Bradshaw noted author and dynamic speaker. He will offer three workshops based on his most recent

publications, *Homecoming: Reclaiming Your Inner Child*, *Healing The Shame That Binds You*, and *Creating Love*. He will also host an evening event from 7 – 9 PM, on Wednesday, June 1<sup>st</sup> which is open to the public and the recovery community. John's evening topic is based on his most recent book and PBS Series by the same name, "Family Secrets."

There are also two-day workshops preceding and following our featured Wednesday speaker. Highlighting those workshops will be two unique topics which support ATR services: the Matrix Model of Methamphetamine Treatment and faith based competencies. Attending The Matrix Model workshop will provide participants with certification of this unique approach to treating methamphetamine abuse.

For more information on The Summit, TASA, contact Susan Young at (615) 269-0029.

The Summit features two unique topics which support ATR services: the Matrix Model of Methamphetamine Treatment and faith based competencies

312 Eighth Avenue North  
Nashville, TN 37247-4401

*"Abuse Is Preventable.  
Dependence Is Treatable"*

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## Consumer Corner

### **Consumers have a choice with ATR!**

Persons seeking alcohol and drug treatment and recovery services available through Tennessee Access to Recovery will be assured a free and independent choice of providers authorized to provide required services. Services will be paid for through vouchers issued for each individual consumer who is eligible. Consumers of these services will go through a three step process to determine eligibility for and access to ATR services.

The three step process is as follows:

- 1) Consumers will be directed to an ATR authorized screening site to determine if they meet basic eligibility criteria for ATR authorized services. The screening will consist of a few brief questions and is expected to take 15 minutes or less to complete.
- 2) Consumers who are eligible for services based on the brief screening will choose from a list of ATR authorized providers where they will receive a comprehensive assessment. The

assessment will be conducted by trained, professional staff to determine what treatment and/or recovery services are indicated for each individual.

- 3) Once the individual is assessed and required services are determined, the consumer will be provided a list of authorized ATR service providers, and the consumer will choose from which provider they want to receive services.

The authorized provider network under development will represent a wide array of treatment and recovery programs including public and private, and secular and faith-based. All providers of ATR services will be carefully screened to assure high quality and safe services for consumers.

Tennessee Access to Recovery services are expected to be available in the spring of 2005. As soon as services are available, consumers will be notified through local community efforts. Be on the lookout for more information and be prepared to exercise your choice!

